

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	<b>Effective Date: 03/01/2007</b>
SUBJECT: Medical and Utilization Management	SECTION: MM/UM 1.5

SUBTITLE: Prior Authorization Review

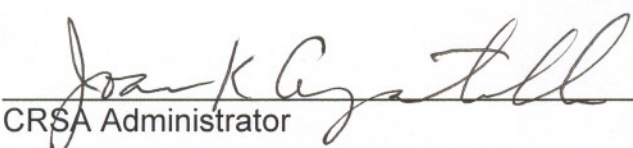

POLICY:

It is the policy of Children's Rehabilitative Services Administration (CRSA) to monitor all services delegated to Children's Rehabilitative Services (CRS) Regional Contractors including the prior authorization of services.

PROCEDURE:

- 1) CRSA MM/UM staff conducts quarterly site visits to review the CRS Regional Contractors' prior authorization services as follows:
  - a) Prior authorization process review:
    - i) Review and evaluate Contractors' existing prior authorization process against a standard tool specifically designed for that purpose (Attachment);
    - ii) Regional Contractors are expected to receive a minimum performance score of 75 percent with a goal of 90 percent;
    - iii) Review Provider Services Requisition (PSR) for all required elements; and
    - iv) CRSA MM/UM staff confirms that all denials for prior authorizations are reviewed and signed by the CRS Regional Medical Director.
  - b) Chart Audits:
    - i) Chart audits are performed on a randomly selected sample of charts to review the application of the prior authorization process.
    - ii) Timelines for the standard and expedited review are strictly monitored;
    - iii) Elements reviewed are identified in the CRS Regional Contractors Policy and Procedure Manual Chapter 80.
- 2) Prior authorization of services are also monitored and reviewed during the annual administrative review.
- 3) Denial logs are reviewed on a monthly basis by the CRSA Consumer Rights Division.

- 4) CRSA staff analyzes areas of concern related to prior authorizations.
- 5) CRSA staff reports findings and concerns to the MM/UM Committee.
- 6) The MM/UM Committee identifies areas requiring interventions.
- 7) CRS Regional Contractors are asked to provide a response. If needed, a corrective action plan (CAP) is initiated.
- 8) If indicated, the CAP is monitored until desired outcomes are achieved.
- 9) Findings are presented to the CRSA Executive Management Committee.

Approved:	Date:
 CRSA Administrator	<u>2/23/07</u>
 CRSA Medical Director	<u>2/22/07</u>
The Primary Position of Responsibility for this policy is the Office for Children With Special Health Care Needs. Users are encouraged to suggest improvements regarding this policy and procedure.	



## CRS Process monitoring Tool Prior Authorization

<b>REVIEWERS' NAME:</b> 1. 2.	<b>CRS Site:</b>	<b>REVIEW DATE:</b>	
<b>Prior Authorization- Required Process Elements</b>		<b>Maximum Itemized Score</b>	<b>Earned Score</b>
			<b>Number</b> <b>Percent</b>
<b>1. Contractor shall have a process for Prior Authorization:</b>		<b>100</b>	
<b>A.</b> CRS Regional Contractor shall ensure that that there are adequate, qualified, professional medical staff to conduct prior authorization (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.		20	
<b>B. Written policy and procedure for prior authorization shall include following elements:</b>		<b>80</b>	
✓ Process to authorize services in a sufficient amount, duration, or scope, such as timelines for the standard and expedited review process: 14 calendar days for Standard Request vs. 3 working days for expedited request; with an extension option of 14 days for both. Timelines shall be met <u>even</u> if the member has other third party liability insurance. A process for sending a letter for extension (if applicable).		50	
✓ Shall not arbitrarily deny or reduce the amount, duration, or scope of a medically necessary service.		20	
✓ Consultation with the requesting provider when appropriate.		10	
<b>2. Have a system for approval and denial of services, e.g., Provider Service Requisition (PSR) "Provider Service Requisition Form Required Elements see separate scores from PSR review</b>		<b>200</b>	
<b>A.</b> Shall have a procedure for denial of services that requires a clinical review by the CRS Regional Medical Director of decisions to deny authorization on the grounds of medical appropriateness, medical necessity, or CRS coverage.		25	
<b>B.</b> The Regional Medical Director shall consult with another appropriately credentialed CRS physician(s) for a second opinion regarding the requested procedure, if the requesting physician challenges the denial.		10	
<b>C.</b> Shall notify requesting provider of any decision to deny, limit, or discontinue authorization of services, and advise of appropriate steps to take for appealing the decision.		20	
<b>D.</b> Documentation regarding the reasons behind the adverse decision.		20	



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<b>REVIEWERS' NAME:</b> 1. 2.	<b>CRS Site:</b>	<b>REVIEW DATE:</b>	
<b>Prior Authorization- Required Process Elements</b>		<b>Maximum Itemized Score</b>	<b>Earned Score Number    Percent</b>
E. Notification of the authorizations to the requesting providers upon completion		25	
F. Regional Contractor shall have documentation of services requiring prior authorization. (Please see attached key)		50	
G. Responsibility for obtaining prior authorization is with the providers. Provider and/or physician shall complete a Provider Services Requisition (PSR) form and send it to the Contractor Site where the service is to be provided.		20	
H. Shall maintain files in a secured location		15	
I. Shall document the decision process for each service request.		15	
<b>OVERALL SCORE</b>		<b>300</b>	

**NOTE:** Key to measure performance scores for Provider Services Requisition Required Elements (Scores will be based on the average score gained on PSR on-site reviews- see Provider Service Requisition Form Required Element Checklist).

### References:

- 1) AHCCCS Medical Policy and Procedure Manual 1020 – C
- 2) Contract # HP 361008 Tasks 30 & 32
- 3) CRS Policy and Procedure Manual 80.401